

PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)		Docket Number (Optional) 002566-019000
<p style="text-align: center;">CERTIFICATE OF MAILING OR TRANSMISSION [37 CFR 1.8(a)]</p> <p>I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to Mail Stop _____, Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450, or being facsimile transmitted to the USPTO at (571) 273-8300, on August 11, 2006.</p> <p>Signature: _____</p> <p>Name: _____</p>	<p>In re Application of Bret Alan GORSLINE, <i>et al.</i></p> <hr/> <p>Application Number 10/727,264 Filed 12/03/2003</p> <p>For METHODS AND SYSTEMS FOR PROGRAMMABLY GENERATING ELECTRONIC AGGREGATE CREATIVES FOR DISPLAY ON AN ELECTRONIC NETWORKS</p> <hr/> <p>Group Art Unit 2178 Examiner David Faber</p>	
<p>This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.</p> <p>The requested extension and appropriate entity fee are as follows (check time period desired):</p> <div style="margin-left: 40px;"> <input type="checkbox"/> One month (37 CFR 1.17(a)(1)) - (\$60/\$120) \$ _____ <input checked="" type="checkbox"/> Two months (37 CFR 1.17(a)(2)) - (\$230/\$460) \$ <u>460.00</u> <input type="checkbox"/> Three months (37 CFR 1.17(a)(3)) - (\$525/\$1050) \$ _____ <input type="checkbox"/> Four months (37 CFR 1.17(a)(4)) - (\$820/\$1640) \$ _____ <input type="checkbox"/> Five months (37 CFR 1.17(a)(5)) - (\$1115/\$2230) \$ _____ </div> <input type="checkbox"/> Applicant claims small entity status. <input type="checkbox"/> A check to cover the fee is enclosed. <input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached. <input type="checkbox"/> The Commissioner has already been authorized to charge fees in this application to a Deposit Account. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number <u>19-2380</u> . I have enclosed a duplicate copy of this sheet.		
<p>WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.</p>		
<p>I am the <input type="checkbox"/> applicant/inventor</p> <p style="margin-left: 40px;"><input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).</p> <p style="margin-left: 40px;"><input type="checkbox"/> attorney or agent of record.</p> <p style="margin-left: 40px;"><input checked="" type="checkbox"/> attorney or agent under 37 CFR 1.34(a). Registration number if acting under 37 CFR 1.34(a) <u>35,212</u>.</p>		
<p style="text-align: center;">_____ /Marc S. Kaufman, Reg. # 35,212 / Signature</p> <p style="text-align: center;">_____ Marc S. Kaufman, Reg. No. 35,212 Typed or printed name</p>		<p style="text-align: center;">_____ October 10, 2007 Date</p> <p style="text-align: center;">_____ (202) 585-8000 Telephone Number</p>
<p>NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.</p>		
<p><input type="checkbox"/> Total of _____ forms are submitted.</p>		

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